Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALLE	NTITY		OTUE	7 TILAA
			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			34					RATE	·FEE	7	RATE	FEE
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	34 minus 20=		. 14			XS 9=	126	OR	X\$18=	
INI	DEPENDENT (CLAIMS	5 m	ninus 3 =	5			X43=	210	OR	Vac	
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=	100	7		
* If the difference in column 1 is less than zero, enter "0" in column 2						I	TOTAL	(-a)	OR	+290=		
CLAIMS AS AMENDED - PART II								IOIAL	511	OR	TOTAL	<u> </u>
		(Column 1)	AMENDEL	(Colum	n 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER		HIGHE NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AMENDMENT	1	PAID F	OR		 		FEE	-		FEE
	Total Independent	*	Minus Minus	**		=	-	X\$ 9=		OR	X\$18=	-
AM	•	<u></u>	JLTIPLE DEPENDENT (CLAIM		L	X43=		OR	X86=	
l	 							+145=		OR	+290=	
								TOTAL DD:T. FEE		OR	TOTAL ADDIT. FEE	
		~	DDAT. PEE		,	ADDII. PEEL						
8		CLAIMS REMAINING		(Columi HIGHE NUMBE	ST	(Column 3)	Г		ADDI-	7 [ADDI-
AMENDMENT		AFTER AMENDMENT		PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	##	<u> </u>	=		X\$ 9=	<u> </u>	OR	X\$18=	FEE
	Independent	*	Minus	***		=	F	X43=		1	X86=	
٩	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM	N D		740=		OR	×80=	
							L	+145=		OR	+290=	
								TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
(Column 1) (Column 2) (Column 3)												
Z		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	-	X43=		·		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=		OR	X86=	
		1	145=		OR	+290=	I					
•• If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3, ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR AL	TOTAL DDIT. FEE	
Ti	ne "Highest Num	nber Previously Paid ber Previously Paid	o For (Total or I	SPACE is le independent)	ess than is the h	3, enter "3." ighest number f		in the appro	opriate box		•	